

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0005602

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 64

Primary Registration District No. 5245

Registrar's No.

STATE FILE NUMBER

FILED 18 64

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Chariton	b. CITY (If outside corporate limits, give TOWNSHIP only) Keytesville	a. STATE Mo.	b. COUNTY Chariton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Coy Rest Home		d. STREET ADDRESS 107 1/2 Broadway	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William H. Elliott		4. DATE OF DEATH Month - Day - Year 2 - 5 - 1964	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/6/1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cobbler		10b. KIND OF BUSINESS OR INDUSTRY Shoe Repair	9. AGE (last birthday) 82
11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Edward		13b. MOTHER'S MAIDEN NAME Matilda	
14. NAME OF HUSBAND OR WIFE Rosalee- Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Chariton Welfare Dept.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> DUE TO (b) <u>Senile Dementia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Jan 27-64 to Feb 5-64 and last saw him alive on Feb 5-1964 Death occurred at Jan 16 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S.S. Welch DO.		22b. ADDRESS Keytesville Mo.	
22c. DATE SIGNED 2/5/64		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/8/1964	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	23d. LOCATION (City, town, or county) Indian Grove, Missouri
24. FUNERAL DIRECTOR L.E. McCurry, Brunswick, Mo.	25. DATE RECD. BY LOCAL REG. 2/8/1964	26. REGISTRAR'S SIGNATURE Donald W. Berry	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

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2 0210

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12 86-2

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FEB 19 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. E. McCurry

Licensed Embalmer No. 4806

P. O. Address Brunswick Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.